REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/566,856			
Filing Date	January 30, 2006			
First Named Inventor	Heinz W. Gschwend			
Patent Number	7,514,436			
Issue Date	April 7, 2009			
Attorney Docket Number	980057.409USPC			

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR									
XI I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 77059									
Please change the correspondence address for the above-identified application to:									
☑ The address associated with Customer Number 77059									
OR									
Firm or Individua	i Name								
Address							,		
City				State		Zip			
Country									
Telephone				Email					
I am the:									
	t/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on									
As as	signee of record	of the entire intere	st, I/we her	reby elect, under	37 CFR 3.71, to	prosecu	ute the application to		
As assignee of record of the entire interest, I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s).									
Assignee of an undivided right, title and interest in the entirety. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on									
☐ As as	signee of an undi	ivided interest in the	ne entirety,	I/we hereby elec	t, under 37 CFR	3.71, to	prosecute the		
application to the exclusion of the inventor(s).									
SIGNATURE of Applicant or Assignee of Record									
Signature		Low	S- V	dason	Date		June 16, 2011		
Name	Tarek S. Manso								
Title and	Executive Vice President, Research & Development								
(Assignee)	Xenon Pharmaceuticals Inc.								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									
*Total offorms are submitted.									